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ABSTRACT

The review of the literature focuses on research assessing the effects of learning disabilities on a child's self-concept. After an introduction, definitions of "learning disabilities" and "self-concept" are offered. The literature on effects of learning disabilities on self-concept in elementary, middle, and high school age children is then reviewed. Self-concept and academic achievement in learning disabled children is then considered. A separate section considers treatments for increasing self-concept in learning disabled children including the following: providing information about the disability, parent training, hypnotherapy, teaching strategies, classroom strategies, and classroom placement. The research indicates that learning disabled children have lower academic and general self-concepts than nondisabled peers with a positive, consistent relationship between academic achievement and self-concept. Results of intervention efforts have shown an increase in self-concept and/or academic achievement immediately following intervention with a lack of follow-up data concerning enduring effects. Studies also indicated the optimal placement for learning disabled children to be in the mainstream with adequate special supports; and that children and parents need to have the etiology, clinical manifestations, and possible sequela of learning disabilities explained to them upon diagnosis. (DB)

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THE EFFECTS OF LEARNING DISABILITIES ON A CHILD'S SELF-CONCEPT

A Doctoral Research Paper
Presented to
the Faculty of the Rosemead School of Psychology
Biola University

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Psychology

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by
Karyn Lorraine Wood Avazian
May 1987

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THE EFFECTS OF LEARNING DISABILITIES ON

A CHILD'S SELF-CONCEPT

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ABSTRACT

THE EFFECTS OF LEARNING DISABILITIES ON
A CHILD'S SELF-CONCEPT

Karyn Lorraine Wood Avazian

The research contains strong evidence that children with learning disabilities have lower academic and general self-concepts than do their nondisabled peers. Research relating academic achievement and self-concept appears to support a positive, consistent relationship between the two. However, clear evidence about which comes first is not provided. Studies that have attempted to examine changes in the learning disabled child's self-concept as a result of different interventions were reviewed. Most of these studies showed an increase in self-concept and/or academic achievement immediately following the intervention. Suggestions for the optimal treatment of learning disabled children were made, along with suggestions for future research.

The Effects of Learning Disabilities on a Child's Self-Concept

The attention given to the problem of learning disabilities has significantly increased within the past two decades. The Department of Health, Education, and Welfare at one point estimated that close to ten million United States children suffer from learning disabilities (McWhirter, cited in Pickar, 1986). Learning disabilities are a problem that knows no boundries; geographical, social, racial or economic. The term "learning disablities" has been defined as "a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written. . . " (Federal Register, cited in Schere, Richardson & Bialer, 1980, p. 5). It is this definition which is used by many schools today to diagnose and to treat learning disabled students. The use of this definition alone is unfortunate because it provides an incomplete description. For a more complete portrait, information about socioemotional characteristics (i.e., self-concept) must be added. If the learning disabled child is to be treated adequately, his/her emotional needs as well as his/her educational problems must be considered (Pickar, 1986; Serafica & Harway, 1979).

Theories of self-concept seem to be consistent in ascribing task-oriented interactions with significant others as the primary shaper of children's self-concept (Wylie, 1974). Up to the time when childen enter school, parents, siblings and self-chosen playmates play the major role in the development of children's self-concept; but as

children enter school, teacher and classmates compliment, if not supercede, their influence (Kash & Borich, 1978). Because the school and the environment it promotes communicate that academic achievement is probably the most important task to be approached, there is reason to predict that students' views of their academic standing, as communicated by various forms of evaluation, strongly influence their self-concept.

The self is part of the learning process (Lewis, 1968). Coopersmith (1967) stated that experiences teach children who and what they are, and Wylie (1961) proposed that a positive view of the self is the result of learning to succeed. Therefore, there appears reason to believe that a child's self-concept will be affected if he/she is afflicted with a learning disability.

This review will be limited to considering the research assessing the effects of learning disabilities on self-concept. An understanding of these effects is believed to be essential if psychologists, educators and parents are to provide the learning disabled child the opportunity for the development of a healthy self-concept and increased academic achievement. The studies that have attempted to examine changes in the learning disabled child's self-concept as a result of different interventions will be reviewed. The interventions that will be discussed in this section are: providing information about the disability, parent training, hypnotherapy, teaching strategies, classroom strategies, and classroom placement. Most of the studies reviewed show an increase in self-concept and/or academic achievement immediately following the intervention;

however, it is unknown if any of the interventions have enduring effects. Suggestions for the optimal treatment of learning disabled children will be made.

Definition of Learning Disabilities

The inconsistent use of the term "learning disability" in the literature leads to difficulty in writing a review in this area. This term came about because of a need to identify and serve a group of children who experience school failure but cannot be placed into the traditional categories of exceptionality. Since the classic work of Strauss and Lehtinen in 1947 on the psychopathology and education of brain-injured children, the main thrust of the field of learning disabilities has evolved through three main eras regarding definitions and terminology (McIntosh & Dunn, cited in Mercer, Forgnone & Wolking, 1976). The first era was marked by the use of the term brain-injured for this special group of children. The second era was highlighted by the term minimal brain dysfunction; and the third era, which paralleled the second for several years, was marked by the term learning disability. It was this term that gained support from parents and special educators and was adopted by the National Advisory Committee on Handicapped Children of the U.S. Office of Education. It is this term that is most generally accepted today (Mercer, Forgnone & Wolking, 1976).

Unfortunately, the generic nature of learning disabilities, the multidisciplinary contributions (medicine, language, psychology and education), and high interest have combined to generate a multitude of terms and definitions concerning learning disabilities.

Cruickshank (1972) noted that more than 40 terms have been used in the literature to refer to essentially the same condition. Also, there are numerous definitions that go along with the diversity in terminology.

The most generally accepted current definition of learning disabilities is as follows:

> "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage (Federal Register, cited in Schere, Richardson & Bialer, 1980, p. 5).

The criteria set for determining the existence of a specific learning disability are:

> (1) The child does not achieve commensurate with his or her age and ability levels in one or more of the areas listed [below] . . . , when provided with learning experiences appropriate for the child's age and abilitity levels; and
>
> (2) The [multidisciplinary evaluation] team finds that a child has a severe discrepancy between achievement and intellectual ability in one or more of the following areas:
>
> (i) Oral expression;
> (ii) Listening comprehension;
> (iii) Written expression;
> (iv) Basic reading skill;
> (v) Reading comprehension;
> (vi) Mathematics calculation; or
> (vii) Mathematics reasoning (Federal Register, 1977, p. 65083).

It is this definition that will be used for the purpose of this paper. However, the operationalizing of this definition has been changed in varying degrees by a number of state special education departments. Thus, one cannot assume that the above definition is synonomous with the term learning disability in all cases.

The differences in the way in which this definition has been operationalized has resulted in the diagnosis of learning disability being confounded with other diagnostic categories, specifically emotionally disturbance. Statistics kept by the Bureau of Education for the Handicapped showed that those states that identified more learning disabled children identified proportionately less emotionally disturbed children, and those states that identified more emotionally disturbed children identified proportionately less learning disabled children. Based on this, they concluded that the diagnoses of learning disability and emotional disturbance were one of "more or less" rather than "either/or." That is, those children who have been learning disabled for any length of time are bound to have a secondary emotional overlay, and those children who have been emotionally disturbed for any length of time will tend to fall behind in school and thus may be diagnosed as learning disabled using the above definition. In order to provide optimal treatment for these children, educators need to decide which diagnosis is primary for placement purposes, but the treatment regimen should address both areas (W. M. McQueen, Jr., personal communication, May 27, 1987).

Lack of a consistent definition for the term poses the methodological problem of group heterogeneity to one attempting to

review the literature in this area. This problem is further confounded by the fact that most researchers in this area do not define their criteria for labeling a child learning disabled beyond stating that it was by state criteria, by the criteria of the special education department, by virtue of the class the child was in, or that the child had been diagnosed by the school psychologist, if they give any criteria at all. Therefore, in the interest of acheiving the most homogeneous group possible, this author has chosen to review studies with samples of children labeled "learning disabled" as previously operationally defined in this paper. A few exceptions to this are made for studies where, from the description of the subjects, it appears that they do not differ from the definition of learning disabilities stated above.

Definition of Self-Concept

Over the years, there have been numerous theories presented on the "self," and thus, in psychological discussions the word "self" has been used in many different ways. According to English and English (cited in Wylie, 1961) two major meanings emerge: the self as subject or agent, and the self as the individual who is known to himself/herself. It is the latter meaning which has become associated with the term "self-concept."

Purkey has used a composite of definitions developed by Lecky, Rogers, and Combs and Snygg to define the self as "a complex system of conscious beliefs which an individual holds true about himself, each belief with a corresponding value" (cited in Dobson, Campbell & Dobson, 1982, p. 100). "Self-concept is an index to the psychological

functioning of the individual and can be compared then to the identity of the individual as it defines his or her personality integration" (Fitts & Adams, cited in Dobson, Campbell & Dobson, 1982, p. 100-101). It is these definitions that will be used for the purpose of this paper.

Several of the studies included in this review are assessing the children's self-esteems rather than their self-concepts. The two are differentiated in that self-esteem is an aspect of self-concept. Self-esteem or congruence between self and ideal self means being proud of one's self or evaluating one's attributes highly (Wiley, 1961). Thus, self-concept refers to how one sees oneself; self-esteem refers to how much one likes oneself (London, cited in Bryan & Bryan, 1981). These studies are included because it is believed that the research done focusing on the children's self-esteem would serve to expand the knowledge on the self-concept of children.

However, several authors that were reviewed (Rosenberg & Gaier, Bruininks, and Larsen, Parker & Jorjorian) failed to clearly differentiate between self-concept and self-esteem. They all state that they are studying self-concept, however the instrument they all chose apparently measures self-esteem (Coopersmith Self-Esteem Inventory). Therefore, it must be borne in mind that these studies may actually be assessing self-esteem rather than self-concept.

Although, as stated above, there have been numerous theories of the self presented, the definition of the term "self-concept" does not appear to vary greatly. There is, however, a problem that arises when attempting to review the literature in this area; that of the

comparability of the various measures of self-concept/self-esteem. To this author's knowledge, there has been only one study done which compared the construct of validity of two self-concept inventories, the Coopersmith Self-Esteem Inventory and the Sears Self-Concept Scale (Winne, Woodlands & Wong). These two were found to be comparable; but, it is unknown if the instruments used in the other studies are measuring a similar construct of self-concept. Research in this area is a much needed addition to this body of literature.

Effects of Learning Disabilities on Self-Concept

Educators and psychologist need to assess the effect that the disability has on a learning disabled child's perception of himself/herself in order for them to provide him/her with individual, optimal treatment plans. Therefore, this section of the review will deal with research which ascertains the relationship between learning disablities and self-concept. While it may seem self-evident that learning disabled children would develop lower self-concepts, this author believes that this aspect is often overlooked or neglected by professionals and thus needs to be highlighted if proper treatment is to be implemented. The literature will be reviewed by age groups because self-esteem has been found to decrease as children progress through the school grades (Shultz, cited in Bingham, 1980). Thus, research focusing on elementary school age children will be reviewed first. This will be followed by a review of the research focusing on middle school and high school age children.

Elementary School Age Children

The findings of the studies utilizing elementary school age subjects appear straightforward. They are all in general agreement that these learning disabled students have lower general and academic self-concepts than do their nondisabled peers.

Using two Q-sorts (real and ideal) derived from the Coopersmith Self-Esteem Inventory (CSEI), Larson, Parker and Jorjorian (1973) found that learning disabled third and fourth grade students demonstrated significantly greater discrepancy in real-ideal Q-sorts than did their peers exhibiting no evidence of academic difficulties. Likewise Bruininks (1978) showed learning disabled elementary school students to have significantly lower self-concepts than did their nonlearning disabled peers on the CSEI. Along with this, she showed learning disabled students to be less popular, and less accurate in assessing their own social status, but to have the same interpersonal needs, and a higher need to express control than nonlearning disabled students.

Focusing specifically on academic self-concept, Chapman and Boersma (1979) suggested that learning disabled students hold significantly more negative self-perceptions of their ability in reading, spelling and arithmetic than did the control group. They also appeared to hold lower self-perceptions of their general ability, have less confidence in school and more negative attitudes toward school. After judging the subscale representations of self-concept on the CSEI and the Sears Self-Concept Scale comparable across disparate groups, Winne, Woodlands and Wong (1982) found the

academic subscale on the CSEI, the Sears Convergent Mental Abilities subscale, and the School Subjects subscale all show learning disabled students to have lower self-concepts than normal and gifted students. However, they found no difference among the groups on the CSEI Home and General subscales, and the Sears Happy subscale. There was weak evidence that learning disabled students have higher self-concepts in the social and physical domains. The results of this study suggest that self-concept is a differentiated construct. The research appears consistent at this age. Elementary school age learning disabled children have lower general and academic self-concepts than do their normally achieving peers.

Studies utilizing subjects of both elementary and middle school age yield similar results to those using only elementary age children. DeFrancesco and Taylor (1985), using the Martinek-Zaichkowsky Self-Concept Scale for Children, found the self-concepts of learning disabled students to be significantly lower than the self-concept of nonlearning disabled students. They also found the sex of the subjects to be an irrelevant variable, but found a significant positive correlation between socio-economic status and self-concept. Along with this, in a study of dyslexic children, Griffiths (1975) suggested that, on average, these children had desirable self-concepts. This conclusion is based on the fact that these children liked their names, liked to try new things, liked to work with others, had plenty of energy, and were satisfied with their body build. However, she goes on to state that there were also three strongly negative traits that the children in this group thought they had. They felt that they were

not intelligent, did poorly in school work, and were especially poor readers. Ascribing these traits to themselves may suggest a poor academic self-concept. Unfortunately, Griffiths did not have any control group, so one can only assume how a nonlearning disabled student may have responded to her questionnaire. Therefore, all that she could conclude was that because these children were bright and from good homes with many opportunities for encouragement and learning, she felt they should have had many more positive elements of their self-concept than this group did.

Finally, in an interesting study of preadolescent and adolescent boys, Bingham (1980) found the self-esteem of learning disabled preadolescents to be significantly lower than nonlearning disabled preadolescents. She did not find a significant difference between adolescent boys, however the difference was in the same direction. Another interesting finding of this study was that the self-esteem of both groups dropped from preadolescence to adolescence, but dropped more for the nonlearning disabled group. This suggests that the adolescent nonlearning disabled students in this study evaluated themselves more stringently than did their preadolescent counterparts. Thus, the difference between the mean self-esteem scores of preadolescent and adolescent nonlearning disabled boys is much larger than is that between preadolescent and adolescent learning disabled boys. The author suggests that the generally lower self-esteem scores at the adolescent level may partially account for the lack of significance between learning disabled and nonlearning disabled adolescents. A possible explanation of these results is that

while learning disablities may be an additional cause of low self-esteem, the difference is less discernable or masked by the complex context of the adolescent milieu. Another possible explanation for these results may be related to the CSEI. The author proposes that the CSEI may be less applicable to adolescents in that it may not be structured to assess the unique qualities of the adolescent's experiential world.

Middle School and High School Age Children

The research focusing on the middle school age child is not as straight forward as that done with younger children. This may be because these children have just entered adolescence and thus their self-concept is in such a state of flux that it cannot be adequately measured by any one instrument at a point in time.

Rosenberg and Gaier (1977), using the CSEI, showed no significant difference in general self-concept between learning disabled students and normal achievers; but, a tendency for learning disabled students to have more negative general self-concepts was evidenced. They did, however, find a significant difference in social self-concept favoring normal achievers. These results may also be related to the structure of the CSEI as suggested by Bingham (1980) (see above). However, Tollefson, Tracy, Johnsen, Buenning, Farmer and Barke (1982), using the Rosenberg Self-Esteem Scale, showed results that appear to be in agreement with Rosenberg and Gaier. They found that the mean scores on this scale did not differentiate between learning disabled and nonlearning disabled students.

The academic self-concept of middle school age children was also not found to be significantly different between learning disabled and nonlearning disabled students; however, a general tendency was indicated for a more negative academic self-concept for learning disabled students. (Rosenberg & Gaier, 1977). The authors suggest that the lack of significant results may be due to the fact that the learning disabled students, having been placed in a special class, had a change in their reference population. Thus, he/she is not directly forced daily to compare his/her academic skills with regular classroom members. However, the control group, having remained in a regular classroom, are still able to compare themselves to higher achieving peers.

The research comparing the self-esteem of high school age learning disabled students and nonlearning disabled students appears to be rather thin. The only study found utilizing subjects from this age group was one that used self-report data from a large survey of high school seniors to compile a profile of a learning disabled student. As a part of this profile, Gregory, Shanahan and Walberg (1986) suggested that the learning disabled student is lower than his nonlearning disabled peers on most indices of self-esteem and motivation.

Summary of Effects of Learning Disabilities on Self-Concept

In summary, it appears that, for the most part, comparisons between learning disabled children and normal learners find that the former have lower self-concepts. At the elementary school age, the research consistently suggests that learning disabled students have

significantly lower self-concepts than do their nonlearning disabled peers. The results of the research at the middle school age (adolescence) are also consistent but fail to show learning disabled students to have significantly lower self-concepts than nonlearning disabled students. A reason for the nonsignificant results at this age may be because the self-concept of the adolescent is in flux and thus cannot adequately be measured by any one instrument. Finally, at high school age, it appears that learning disabled students may have lower self-concepts than do nonlearning disabled students. However, this conclusion must be a tentative one, as it is based on only one study. It may be concluded that there is a relative consistency to the research in this area. In light of the possible variability in the definitions of learning disabilities and the different instruments used to measure self-concept in these studies, this consistency is surprising.

Self-Concept and Academic Achievement in Learning Disabled Children

A major factor contributing to the diagnosis of a learning disabled child is continual and pervasive failure in school. The cause of the failure (i.e., the learning disability) and the effects of the failing experience are complex, but a continuous and central factor in both cause and effect is the way in which a student views himself/herself and his/her abilities. The way in which a student views himself/herself in the academic environment is greatly influenced by the way in which he/she is evaluated by his/her teachers and classmates as significant others. The school holds that academic

achievement is the most important task to be approached; therefore, in school, academic failure would appear to affect a student's self-concept. The research reviewed above indicates that learning disabled children have lower self-concepts than their nondisabled peers. This seems to substantiate that there is a relationship between academic failure and self-concept.

In a review of the research on the relationship between self-concept and academic achievement, Leviton (1975) found that a consistent, positive relationship exists. He states that academic achievement does not appear to be determined solely by intelligence or other variables over which educators have no control; rather, the self-concept, which is amenable to influence, does affect achievement.

Black (1974) and Patton (1983) both evidenced a relationship between self-concept and academic achievement. From a population of children referred to a hospital clinic because of difficulties in school, Black (1974) selected samples of normal and learning disabled readers. The mean self-concept of the learning disabled readers was significantly lower than that of the normal readers on the Piers-Harris Children's Self-Concept Test. Also, he found that self-concept scores decreased as age and grade level increased. This was particularly true for the learning disabled group. Although Black did not provide much information regarding the characteristics of the normal reading group, since all subjects were underachievers one must assume that they exhibit a variety of problems. This makes the difference in self-concept found between the two groups

particularly striking. Similarly, Patten (1983) found significant relationships between self-esteem and math, reading recognition and general information achievement scores for the total group of learning disabled students and for females; and between self-esteem and reading recognition and general information achievement scores for males.

Thus, it appears that there is a persistent relationship between self-concept and academic achievement in both learning disabled and nonlearning disabled children. In the case of learning disabled children, it seems most likely that it is their academic failure which influences their self-concepts since they are not identified as learning disabled until they enter and fail to succeed in school. However, a great deal of caution is needed before one assumes that either the self-concept determines academic performance or that academic achievement shapes self-concept. It may be that the relationship between the two is caused by some factor yet to be determined. Several researchers have attempted to determine the direction of this relationship. VanKoughnett and Smith (1969) stated that for a child to achieve he/she must view himself/herself as able to achieve. Thus, children who view themselves in a negative manner are the ones who are not likely to achieve either academically or socially. A positive regard for the self is also seldom evidenced by the low achievers in the schools. In support of this, Wattenberg and Clifford (1964) found that the measures of self-concept taken in kindergarten proved to be a significant predictor of progress in reading but was not significantly related to mental test

scores. They concluded that self-concept influences academic achievement. Likewise, Jones and Grieneeks (1970), using nonintellectual measures (Identity Rating Scale, Self-Concept of Ability, and Self-Expectations) along with a measure of scholastic aptitude, attempted to predict the scholastic achievement (GPA) of normally achieving college students. All variables were positively associated with achievement, but self-perception appeared to be the most accurate predictor of academic achievement. In contrast, academic achievement was not found to contribute significantly as a predictor of self-concept in learning disabled children, who were receiving support services from a resource teacher, according to a study by Doyle and Higginson in 1984. Thus, it appears that the direction of this relationship is two-way. There is a continuous interaction between self-concept and academic achievement, and each directly influences the other.

In sum, there appears to be a significant relationship between the self-concept and academic achievement. Unfortunately, the research does not provide clear-cut evidence about which comes first, a negative self-concept or academic failure. However, because it has been shown that each influences the other, either a treatment approach focusing on enhancing the self-concept or a treatment approach focusing on increasing academic achievement may serve to increase both.

Treatments for Increasing Self-Concept in Learning Disabled Children

The majority of research assessing the various treatments aimed at overcoming the effects of learning disabilities have focused on changes in academic performance. The consequences of this for the self-concept of the learning disabled child have been relatively neglected, even though, as noted above, there is still some question as to the direction or nature of influence between academic achievement and self-concept. There are, however, a number of studies that have attempted to examine changes in the learning disabled child's self-concept as a function of different interventions. The interventions that will be discussed in this section are: providing information about the disability, parent training, hypnotherapy, teaching strategies, classroom strategies, and classroom placement. Most of the studies reviewed show an increase in self-concept and/or academic achievement immediately following the intervention. Unfortunately, none of the studies provide any follow-up data; thus, it is unclear whether any of these treatments had enduring effects.

In selecting treatment studies for inclusion in this review, the author set two criteria that are considered essential for a study to adequately assess the various treatments. The two criteria are: 1) the study must have 15 or more subjects, and 2) it must have some kind of statistical summary. Three treatment studies included did not meet either one or both of these criteria (Cohn & Kornelly, Olrich, and Griffiths). These studies make up the section on teaching

strategies. They were included to provide the reader a sample of the types of teaching strategies used to increase the self-concept of learning disabled children and no studies in this area were found that met the author's two criteria.

Providing Information about the Disability

It has been hypothesized that providing the learning disabled child and his/her parents with information regarding the disability will lessen the detrimental impact on the child's self-concept. With an understanding of learning disabilities the child and parent are much less likely to attribute the child's trouble in school to lack of intelligence or motivation. These recriminations concerning intelligence or motivation may lead to a lower self-concept in a learning disabled child because his/her school problems then become his/her "fault," something he/she should have control over and thus be able to change by "trying harder." In order to study this, Rosenthal (1973) randomly divided a sample of dyslexic boys into 2 groups. The dyslexic subjects were matched as closely as possible with normal control subjects and also with asthmatic control subjects. The dyslexic boys and their families in the first group were given information about the etiology, clinical manifestations, and possible sequelae of dyslexia; the other group was given no information. The CSEI was given to all the subjects and showed that children with dyslexia esteem themselves less than do normal or asthmatic children and that the dyslexic children in the informed group had significantly higher self-esteem than those from families who were not informed. Thus, when the family and the child understand the

nature of the learning disability, the child's self-evaluation may be enhanced.

Parent Training

Because the learning disabled child is faced with many failures, they may find it difficult to please and elicit positive responses from parents. The consequence of this pattern of learning is a negative self-concept, whether it be from parental rejection wherein the child feels unwanted, or parental overprotection whereby the child is given the message that he/she cannot do anything on his/her own. This patterned learning is reinforced when formal education begins and a failure cycle of behavior involving both parent and child is set in motion. Thus, it is thought that this cycle must be broken if the self-concept of the learning disabled child is to be improved. Giannotti and Doyle (1982) designed a study to determine if working with the parent using the Parental Effectiveness Training (PET) to improve the parent-child relationship would affect positive changes in the self-concepts of learning disabled elementary school children. The PET program incorporates three basic methodologies for working with parents: a cognitive approach with lectures and demonstrations, a group process approach through group discussion and role playing, and a behavioral approach through task analysis and the practice of new response behaviors reinforced by homework assignments. The program ran for three hours once a week for eight weeks. The study employed a pretest-posttest control group design and used an analysis of covariance procedure with the pretest data as the covariate. The Piers-Harris Children's Self-Concept Scale

yielded statistically significant differences at the .01 level. The children whose parents were in the experimental group showed a significantly greater increase in self-assessed self-concept than the children whose parents were in the control group.

Hypnotherapy

Another approach to increasing the self-concept of learning disabled children is modifying their self-beliefs system directly through hypnotherapy. In a study designed to explore the impact of group hypnotic and self-hypnotic training on the academic performance and self-esteem, Johnson, Johnson, Olson and Newman (1981) gave three hypnotic training sessions and instructions for six weeks of daily self-hypnotic practice. These sessions and instructions contained suggestions for imagery related to improvement in academic achievement and self-esteem to the subjects, their reading teachers and their parents. Their responses on the CSEI were compared to a similar but untreated control group. No overall significant differences were found between groups. However, important predictors of self-esteem improvement in learning disabled students did emerge. Most relevant were the child's hypnotic susceptibility score and self-hypnotic practice by children and parents. The authors suggest that hypnotherapy may be of potential benefit to self-esteem improvement in learning disabled children, depending on individual difference factors.

Teaching Strategies

A common approach to improving the learning disabled child's self-concept has been to restructure what is expected of the child

academically by reducing the expectation level to the extent that the student can perform successfully. An example of this is a study done by Cohn and Kornelly (1970). These authors set up a program in which those students with reading problems could experience success by receiving peer tutoring, being allowed to read what they enjoyed, and being helped to select only books which they could read. The authors claim that feeling that they can read, answer questions, etc. increased the children's self-esteem; however, there was no objective measure of self-esteem given. Reading skills were shown to improve on standardized achievement tests.

A different type of teaching strategy, the "whole person" approach to teaching spelling, was studied by Olrich (1983). This approach includes the use of relaxation, visualization, music, suggestion, memorization technique, and spelling strategy stressing visual accessing. The author claims that the development of spelling skills and self-esteem and self-awareness were mutually reinforcing. He based this conclusion on the spelling test scores and his observations that all of these students had a stronger belief in themselves as spellers by the end of eight classes. They seemed to have begun accepting their abilities as spellers, which led to better test results which, in turn, increased self-esteem.

Finally, Griffiths (1970-71) found that dyslexics saw themselves in a more positive way following a three month remedial program, but no comparison group was used, and the sample apparently included children with behavior problems as well as those with reading problems.

Two questions emerge with regard to this type of approach. First, does the positive self-concept developed through this method generalize from this artificial setting of reduced expectations and demands to other more realistic settings? Studies assessing the generalizability of this type of treatment need to be implemented. Second, to what extent does a change in how a child views himself/herself directly follow change in performance level? Because of the positive relationship found between self-concept and academic achievement, it is believed that increases in scholastic performance enhances the self-concept. However, the extent to which this occurs needs to be addressed by future research.

Classroom Strategies

Various studies have been done to assess the efficacy of different classroom strategies for increasing self-concept and academic achievement in mainstreamed learning disabled students. Nevin, Johnson and Johnson (1982) reported the findings of four studies in which they compared the effects of group contingency with individual or no contingency on achievement, appropriate classroom behavior, social acceptance and self-esteem of handicapped children. The results of the four studies were consistent. Group contingency promoted higher achievement, more appropriate classroom behavior, greater social acceptance by nonhandicapped peers, and higher self-esteem. The effects of cooperative, competitive, and individualistic learning experiences on the social relationships, self-esteem, and perspective taking ability of handicapped students has also been studied. Johnson and Johnson

(1983) found that cooperative learning experiences promote more interpersonal interaction and promote higher self-esteem for all students.

Classroom Placement

The Education for All Handicapped Children Act (PL 94-142) presents a challenge to educators to provide appropriate educational experiences for handicapped children in the "least restrictive environment." This means that many students who were formerly taught in self-contained special education programs are to spend as much time as possible in the regular program, with only as much special instruction outside the regular class as absolutely necessary. Because of this, the effects of mainstreaming handicapped children into regular classrooms has been of the utmost interest to educators and psychologists alike. It has been questioned as to whether mainstreaming a handicapped child is necessarily in his/her best interest, especially socially and emotionally. Thus, for several years educators and psychologists have debated over the most appropriate placement for handicapped children. The different placement options discussed are mainstreaming without resource room, mainstreaming with resource room, and special day class. Research focusing on the difference in efficacy of these programs in increasing self-concept in mildly handicapped children will be reviewed here.

In a thorough review of the available research on the academic and social outcomes of mainstreaming students with mild handicaps, Madden and Slavin (1983) concluded that ". . . for such outcomes as self-derogation and self-concept, classroom behavior and attitudes

toward school, regular class placement with adequate supports typically is found to be superior to full-time special class placement. The only cases in which regular class placement was not found to improve social-emotional outcomes are studies in which no special supports (such as individualized instruction) were provided to students in the regular class" (p. 536). Using minimally brain dysfunctioned students, Ribner (1978) compared the self-concept of those in special classes with those in regular classes with no special supports. He found that the minimally brain dysfunctioned students in regular classes had significantly lower self-concepts in school adequacy but not in general competence. Both minimally brain dysfunctioned groups had significantly lower self-concepts in school adequacy when compared with normal children. However, only the minimally brain dysfunctioned students in regular classes held significantly lower self-concepts than normal children in general competence. Thus, it appears that special class placement is superior to regular class placement with no special supports for increasing a handicapped child's self-concept in school adequacy.

In addition, Wang and Birch (1984) compared the effects of a full-time mainstreaming approach, Adaptive Learning Environments Model (ALEM), with a resource room approach for handicapped students. They found that the handicapped students in the ALEM classes tended to rate their cognitive competence, social competence and general self-esteem significantly higher than did the handicapped nonALEM students. Their results suggest that the full-time mainstreaming approach exceeds the resource room approach in

attaining desirable classroom processes, higher self-esteem, and student achievement in basic skills. This study appears to support the findings above in that the ALEM accommodates the instructional and special service needs of a broad range in individual students in regular class settings.

Finally, in a very interesting study, Strang, Smith and Rogers (1978) assessed the impact of half-day integration into the educational mainstream upon the self-concept of learning disabled students. Study 1 found learning disabled students who were mainstreamed part of the day exhibited significantly higher self-concepts than those in a segregated classroom. The authors proposed that these children may selectively utilize the two available comparative reference groups in maintaining and augmenting their self-regard. To test this explanation, in study 2 the authors designed a manipulation to enhance the saliency of the learning disabled students' regular class membership and to reduce the probability that they would utilize their special class peers for making self-concept relevant social comparisons. The experimental group showed a decrease in self-concept while the control group showed an increase in self-concept. Thus, the results suggest that part-time mainstreaming may be superior to full-time mainstreaming in that it provides students with similar others to whom they can compare themselves and thus can disregard those not similar, protecting their self-concept from possible diminution.

In summary, the research suggests that the optimal classroom placement for mildly handicapped (learning disabled) children is a

mainstreaming approach with adequate special supports (i.e., individualized instruction). As proposed by Strang et al. (1978) this may be because these children have two available reference groups and may selectively utilize them in maintaining and augmenting their self-concept.

Summary of Treatments for Increasing the Self-Concept

Studies of various interventions were reviewed above: providing information about the disability, parent training, hypnotherapy, teaching strategies, classroom strategies, and classroom placement. Most of the studies reviewed show an increase in self-concept and/or academic achievement immediately following the intervention. All of the studies claim their treatment to be of potential benefit to increasing the self-concept of learning disabled students. This may be because the various disabilities included in the term "learning disablility" may respond differently to different types of specific treatments (i.e., teaching strategies, classroom strategies, and hypnotherapy). Generally, it appears that a mainstreaming approach with adequate special supports (such as the specific treatments above) is the optimal classroom placement for learning disabled children. Also, when a child is diagnosed as learning disabled, the person making the diagnosis should explain to the child and his/her parents the etiology, clinical manifestations and possible sequela of learning disabilities so that they all understand what they are facing. Finally, it may be beneficial to provide support to aid the parents of learning disabled children.

Conclusion

The research contains strong evidence that children with learning disabilities have lower self-concepts, both academic and general, than do their nondisabled peers. This is particularly clear at the elementary school age. The results of research utilizing this age group as subjects consistently showed learning disabled children to have significantly lower self-concepts than do normally achieving children. At the middle school and high school age, learning disabled students were again found to have lower self-concepts than nondisabled students, although this difference was not significant. With the possible variability in the definitions of learning disabilities and the different measures used to assess self-concept, this consistency is striking.

Along with this, the research appears to support a positive, consistent relationship between self-concept and academic achievement. However, it does not provide clear evidence about which comes first, a negative self-concept or poor academic achievement. It seems that each directly influences the other; thus, a treatment approach focusing on either enhancing self-concept or increasing academic achievement may serve to increase both.

Finally, the majority of studies of the various treatment interventions reviewed show an increase in self-concept and/or academic achievement immediately following the intervention. Unfortunately, none of the research provided any follow-up data; thus, it is unclear whether any of these treatments had enduring effects. From the research reviewed, it seems that the optimal

classroom placement for learning disabled children is a mainstreaming approach with adequate special supports. However, a good classroom placement is not enough. The children and their parents must also have the etiology, clinical manifestations and possible sequela of learning disabilities explained to them upon diagnosis. In addition, it appears that it may be beneficial to provide support to the parents of learning disabled children.

It is the opinion of this author that much research remains to be done in this area if learning disabled children are to be adequately treated. At this time, it appears that the most pressing need for research lies in assessing the enduring effects and the generalizibility of the various treatment approaches. Also, most of the treatment approaches reviewed need more well-controlled, empirical studies in order to establish their potential as successful interventions for increasing the self-concept of learning disabled children. Finally, research focusing on discovering the factor(s) that may be the cause of the relationship between academic achievement and self-concept needs to be done. It is believed that if this factor(s) is determined, it would greatly assist educators and mental health professionals in developing interventions that would best meet the needs of learning disabled children, both educationally and emotionally.

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